



## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

APPLICATION NO.	F	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/011,852	0/011,852 12/04/2001		David M. Smart	1935-1-3	5227
996	7590	04/14/2006		EXAMINER	
GRAYBEA	AL, JACI	KSON, HALEY LL	LE, TAN		
155 - 108TH AVENUE NE SUITE 350				ART UNIT	PAPER NUMBER
	BELLEVUE, WA 98004-5901			3632	
	*			DATE MAILED: 04/14/2000	6

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)
Interview Summary	10/011,852	SMART, DAVID M.
merview Summary	Examiner	Art Unit
	Tan Le	3632
All participants (applicant, applicant's representative, PTO	personnel):	
(1) <u>Tan Le</u> .	(3)	
(2) Mr. John M Janeway.	(4)	
Date of Interview: <u>12 April 2006</u> .		
Type: a)⊠ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant 2	2)∐ applicant's representative	e]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)□ No.	
Claim(s) discussed:		
Identification of prior art discussed:		
Agreement with respect to the claims f)  was reached. g	ı)∏ was not reached. h)⊠ N	I/A.
Substance of Interview including description of the general reached, or any other comments: <u>Told Mr. Janeway that the accordingly.</u>		
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w	
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APPLICANT IS / DAYS FROM THIS WHICHEVER IS LATER, TO
	Jun	bba
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	 Examiner's sign	ature, if required